

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	1					
6						
7						
8						
9	1					
10						
11						
12						
13						
14						
15						
16						
17	1					
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26						
27	1	2				
28						
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36						
37	1	2				
38						
39						
40						
41						
42						
43	1	2				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	22					
TOTAL CLAIMS	28					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						